MITCHELL E. DANIELS, Jr., Governor
STATE OF INDIANA
DEPARTMENT OF HOMELAND SECURITY JOSEPH E. WAINSCOTT JR., EXECUTIVE DIRECTOR
Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

EMERGENCY MEDICAL SERVICES COMMISSION MEETING MINUTES

DATE: **September 21, 2012**

10:00 A.M.

LOCATION: Brownsburg Fire Territory
470 East Northfield Drive
Brownsburg, IN 46112

MEMBERS PRESENT:

John Zartman	(Training Institution)
Charles Valentine	(Municipal Fire)
G. Lee Turpen II	(Paramedic)
Melanie Jane Craigin	(Hospital EMS)
Myron Mackey	(EMTs)
Gary Miller	(Private Ambulance)
Terri Hamilton	(Volunteer EMS)
Rick Archer	(Director of Preparedness & Training Designee)
Michael Lockard	(General Public)
Sue Dunham	(Emergency Nurses)
Michael Olinger	(Trauma Physicians)
Darrin Hoggatt	(Paramedics)
Stephen Champion	(Medical Doctor)

MEMBERS ABSENT: Ed Gordon (Volunteer Fire EMS)

OTHERS PRESENT: Elizabeth Fiato, Jason Smith, Mara Snyder, Judge Gary Bippus, the paramedic class from Community Hospital, IDHS Staff

CALL TO ORDER AND OPENING REMARKS

Meeting called to order at 10:01 a.m. and quorum called by Chairman Lee Turpen. Chairman Turpen also recognized the two new members to the Commission, Commissioner Darrin Hoggatt and Commissioner Stephen Champion. Chairman Turpen also recognized the paramedic class from Community Hospital.

No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES

A motion was made by Commissioner Mackey to adopt the minutes of the June 26, 2012 meeting as written. The motion was seconded by Commissioner Zartman. Motion passed.

State EMS Directors Report

Director Archer announced the appointment of Lee Turpen to the Chairman position by the governor. Director Archer also recognized Gary Miller for his contributions to the EMS community in Indiana over the last several years.

Director Archer noted that several projects have been worked on since the last commission meeting which included a sub-committee meeting on accreditation and testing, a sub-committee meeting for data collections, and the implementation of a new program at the government center called Enhance. The program is designed to teach state employees CPR and how to use an AED. AEDs will be distributed throughout the government center buildings so that visitors to the government center will be protected through a response system. Since we encourage other businesses to have AED programs the government center should be a leader in establishing these programs. Director Archer recognized Liz Fiato

and her staff for their work in putting together the Enhance program and getting it up and running.

Director Archer announced the hiring of a new case manager. The state EMS office is working on developing an on-line reporting and case management system for investigations and complaints. Staff believes that this system will help in tracking complaint cases more efficiently.

Director Archer reported that the report to the Health Finance Committee required by SB224 was completed. A copy of the report was provided to the Commissioners for review in their packet. Director Archer asked the Commission to approve the report. Director Archer thanked the following people for their assistance in preparing the report:

Buckman, John	IDHS Fire Training Branch Chief
Fiato, Elizabeth	IDHS EMS Training Section Chief
Garvey, Michael	IDHS Chief of Staff
Greeson, James	State Fire Marshal, IDHS Fire and Building Safety Division
Lockard, Michael	Indiana EMS Commissioner
Murray, Tony	Indiana Fire Alliance
Peachey, Tony	Indiana Fire Alliance
Robison, Gary	IDHS Fire and Building Safety Division
Seals, Randy	Indiana Emergency Medical Services Association
Sink, Dan	Indiana Fire Alliance
Turpen, Lee	Indiana EMS Commissioner
Ward, Faril	Indiana EMS Association
Woodall, Kenneth	IDHS Preparedness and Training Division

A motion was made by Commissioner Lockard to approve the report to the Senate Health and Finance Committee as presented. The motion was seconded by Commissioner Olinger. The motion passed.

Director Archer announced the state office is working on the implementation of an on-line course approval process and automation of the certification process. Testing will be moving to the Acadis on-line system as much as possible. Reporting of Training reports will be done on line by the Training Institution Official.

Director Archer announced that the Indiana State Department of Health has identified funding that can be used to help transition EMT-Intermediates to Paramedics through the bridge course. The funds being made available are from a Rural Health grant and must focus on Rural Health providers. The program development is in its early stages. More information will be available at the next meeting.

Director Archer stated that the process to make the emergency rules permanent has started. As part of the process, staff is working to identify other rules that may need to be updated.

STAFF REPORT

Elizabeth Fiato discussed the recommendations for current Indiana EMS Curriculum Standards document-(see attachment #1). This document was submitted as a guideline for Training Institutions so they will know what should to be included in their courses and how staff will determine if the courses meet the National Educational Standards. Some discussion followed. No action required none taken.

Individual Certification Report- See attachment #2

A motion was made by Commissioner Olinger to approve the Personnel Certification Report. The motion was seconded by Commissioner Zartman. The motion passed.

Provider Certification Report- See attachment #3

A motion was made by Commissioner Zartman to approve the Provider Certification Report. The motion was seconded by Commissioner Olinger. The motion passed.

Data Registry

Mr. Gary Robison from IDHS announced that the new secured FTP data collection site is now in operation and is being tested. Problems have been identified and are being fixed. There is going to be a common password and the provider just needs to read the directions to be able to submit their data.

Commissioner Lockard reported out on the EMS sub-committee for data collection (see attachment #4 for the notes from the sub-committee meeting).

The sub-committee requests the EMS Commission to change 836 IAC 1-1-5 (b) to require data submission of the 85 minimum data elements listed by NEMSIS v2.2.1 by January 1, 2015. Providers will be allowed to submit additional NEMSIS-compliant data elements, if desired. Commissioner Lockard provided additional information not originally in the Data Sub-committee report. Following discussion: Commissioner Valentine recommended that the data collection sub-committee's request be sent back to them for revisions.

A motion was made by Commissioner Mackey that staff send a letter to each EMS provider organization by January 1, 2013 informing them of the requirement to submit data to the state, explaining the need for such data collection, and ask what issues prevent them from complying with the rule. Data collected from this communication will be used by the Committee to identify further actions to improve reporting before January 1, 2015. The motion was seconded by Commissioner Craigin. The motion passed.

EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of 836 IAC 4-4-1 (b) the requirement to submit application for certification within a year of course completion. The applicant is requesting an extension of this deadline to allow him to complete all testing requirements to obtain certification. Staff recommends approval.

Campbell, Burtis Scott (EMT- Basic)

A motion was made by Commissioner Olinger to approve the waiver with a 30 day extension from the date of the Commission meeting. The motion was seconded by Commissioner Valentine. The motion passed.

The following requested a waiver of 836 IAC 4-5-2(C), (5) and 836 IAC 4-9-4 (e) to renew his certification. Staff recommends approval.

Firks, Thomas (EMS-Paramedic and EMT-PI)

A motion was made by Commissioner Olinger to approve the waiver with the condition that Mr. Firks pays the $50 administrative processing fee and that the paramedic and PI are set to expire on 06/30/2013. The motion was seconded by Director Archer. The motion passed.

The following requested a waiver of 836 IAC 4-4-3 (5) (B) (b) to extend his temporary certification to allow him to work in Indiana while completing his testing requirements. Staff had no recommendation.

Hinkemeyer, Brent Lee(EMS-Paramedic)

A motion was made by Commissioner Olinger to grant the extension for a period of three (3) months. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of 836 IAC 4-4-2 to extend his certification to allow time to complete his skills. Staff recommended denial.

Lynch, Justin (EMT-Basic)

A motion was made by Commissioner Olinger to deny the applicants request. The motion was seconded by Director Archer. The motion passed.

The following requested a waiver of 836 IAC 4-4-1 (b) the requirement to submit application for certification within a year of course completion. The applicant requests an extension of this deadline to allow her to complete all testing requirements to obtain certification. Staff recommends approval.

Mickens, Maggie (EMT-Basic)

A motion was made by Commissioner Olinger to approve the waiver with a thirty (30) day extension from the date of the Commission meeting. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of 836 IAC 4-4-1 (b) the requirement to submit application for certification within a year of course completion. The applicant requests an extension of this deadline to allow her to complete all testing requirements to obtain certification. Staff recommends approval for a 210 day extension from expiration date to complete testing this will allow the applicant thirty (30) days to complete testing.

Sparks, Michael (EMT-Basic)

A motion was made by Commissioner Lockard to approve the extension for a period of ninety (90) days from the date of the Commission meeting. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested a waiver of 836 IAC 4-4-3 (5) (B) (b) to extend his temporary certification to allow him to work in Indiana while completing his testing requirements. Staff recommends approval.

Sebayan, Lynn (EMS-Paramedic)

A motion was made by Commissioner Hoggatt to approve the waiver with a six (6) month extension. The motion was seconded by Commissioner Olinger. The motion passed.

EMS PROVIDER WAIVER REQUEST

The following requested a waiver of 836 IAC 2-2-1 requiring ALS providers to provide ALS services 24 hours a day. Staff recommends approval.

Town of Whitestown Fire Department

A motion was made by Commissioner Mackey to approve the waiver for a period of two years. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested waivers of 836 IAC 2-7.2-3.

US Steel

A motion was made by Commissioner Mackey to approve the waiver in regards to the use of the Morgan lens by US Steel. The motion was seconded by Commissioner Lockard. The motion passed.

A motion was made by Commissioner Mackey to table the waiver request in regards to the adult I/O and CPAP until recommendations are made by the TAC Committee. The motion was seconded by Commissioner Lockard. The motion passed to table.

A motion was made by Commissioner Zartman to deny the waiver request that requires the Intermediate providers to carry equipment for ECG monitoring and manual defibrillation, which are not within the scope of practice for the Advanced EMT. As an Advanced EMT provider, the applicant is requesting permission to be able to continue EKG monitoring at the Advanced EMT level and to not stock a manual defibrillator on the ambulances. The motion was seconded by Commissioner Hamilton. The motion passed to deny the request. The Commission sent this issue to the TAC for research and recommendations.

A motion was made by Director Archer to approve the waiver request to not carry intubation equipment because this equipment is not within the scope of practice of the Advanced EMT, for a period of two years. The motion was seconded by Commissioner Olinger. The motion passed.

A motion was made by Commissioner Zartman to table the addition of Epinephrine, Toradol, Zofran, and Atrovent to be carried and used by the Advanced EMTs. He further moved to approve the use of Cyanokits due to the environment in which they work. The motion was seconded by Commissioner Lockard. The motion passed as stated.

EMS TRAINING INSTITUTION WAIVER REQUEST

No request submitted. No action required none taken.

ADMINSTRATIVE PROCEEDINGS

Orders Issued

Order No. 0039-2012, Karrie L. Bartos

No action required, none taken

Order No. 0041-2012, Diana K. Brooks

No action required, none taken

Order No. 0038-2012, Ceara L. Brown

No action required, none taken

Order No. 0044-2012, Dusty Cox

No action required, none taken

Order No. 0036-2012, Tina M. Crouse

No action required, none taken

Order No. 0009-2012, Stephen M. Hall Sr.

No action required, none taken

Order No. 0030-2012, Noah P. Horton

No action required, none taken

Order No. 0037-2012, Calvin R. Johnson

No action required, none taken

Order No. 0046-2012, Mark McMahon

No action required, none taken

Order No. 0045-2012, Christopher Meek

No action required, none taken

Order No. 0033-2012, Joseph R. Merry Jr.

No action required, none taken

Order No. 0040-2012, Marcus Miller

No action required, none taken

Order No. 0047-2012, Alexander Moore

No action required, none taken

Order No. 0043-2012, Timothy L. Ramsey

No action required, none taken

Order No. 0048-2012, Bryan Turpin

No action required, none taken

Order No. 0032-2012, Nicholas Tuttle

No action required, none taken

Order No. 0034-2012, David Wymer

No action required, none taken

The following filed a timely appeal to Administrative Orders:

Dusty Cox

Noah Horton

Calvin Johnson

A motion was made by Commissioner Olinger to grant the appeals. The motion was seconded by Commissioner Lockard. The motion passed.

The following filed a timely appeal of an administrative order and request for a stay of order:

David Wymer

Mara Snyder, legal counsel, informed the Commissioners that they did not need to take action on the stay of effectiveness, the appeal. Judge Bippus has oversight on the stay of effectiveness.

A motion was made by Commissioner Olinger to grant the appeal of David Wymer. The motion was seconded by Commissioner Zartman. The motion passed.

Non-final Order

William Cary

Judge Bippus recommended tabling Mr. Carey's non-final order pending research of an appeal to the judge's non-final order.

A motion was made by Director Archer to table Mr. Carey's non-final order. The motion was seconded by Commissioner Olinger. The motion passed.

TECHNICAL ADVISORY COMMITTEE

Mr. Leon Bell reported the recommendations from the TAC to the Commission. (See attachment #5)

A motion was made by Commissioner Mackey to amend rule 836 IAC 2-14-5: Advanced life support provider emergency care equipment to include Magill forceps, length based resuscitation tapes, and pediatric pulse oximetry. The motion was seconded by Commissioner Zartman. The motion passed.

Chairman Turpen directed staff to notify service provider organizations about the availability of the state's QPA system to buy equipment.

A motion was made by Commissioner Zartman to accept the EMS practical skill evaluation forms designed by the Indiana Fire Chief's Association's EMS sub-Committee and reviewed by the TAC Committee. The motion was seconded by Commissioner Hamilton. The motion passed.

A motion was made by Commissioner Mackey to accept the Intermediate to Paramedic bridge course developed Ivy Tech Evansville to be adopted for use by Training Institutions. The motion was seconded by Commissioner Zartman. The motion passed.

A motion was made by Commissioner Zartman to adopt the Training Institution Guidelines document for conducting - AEMT courses. The motion was seconded by Commissioner Olinger. The motion passed.

A motion was made by Commissioner Hoggett to amend the document to correct the didactic hours to 175. The motion was seconded by Commissioner Zartman. The motion passed.

Mr. Bell announced the next meeting for the TAC will be October 2, 2012 at 10am at Noblesville Fire Department station 77.

Trauma System Update

Mr. Art Logsdon from the Indiana State Department of Health reported that the Trauma Care Committee is working on the criteria for determining when a hospital is actually considered in the process of becoming a trauma center pursuant to LSA Document #10-628 (F) and what "in the process" means. Once the Trauma Care Committee finalizes the requirements, the information will be forwarded to IDHS' legal counsel, Mara Snyder so that a non-rule policy can be drafted and voted on by the EMS Commission.

EMS FOR CHILDREN

No report given. No action taken.

FIELD SERVICES REPORT

Robin Stump announced the upcoming state exercise that will involve districts 3, 4, 6, 7, 8, 9, 10, ISP, INDOT, IBEM, DNR, MESH, Kentucky, Illinois, and San Diego.

OLD BUSINESS

The topic of the non-rule policy for specialty care transports was presented for discussion. At the May 18, 2012, the Commission requested staff to review the proposed language of the non-rule policy statement to ensure it met the intent of the Commission based

on discussion at the May 18, 2012 meeting. The non-rule policy was corrected and now reads as follows:

Title: Interpretation of 836 IAC 2-2-3 (k)

Date: September 30, 2012

Purpose: To clarify that the management of IV Infusion Pumps and/or multiple feature ventilators during transport is considered to be providing specialty care transport.

Interpretation: The Emergency Medical Services Commission interprets this rule as follows:

The management of IV Infusion Pumps and/or multiple featured ventilators during transport is considered to be the provision of specialty care transport by a provider, so long as the paramedic providing such management has received additional training approved by the provider medical director. Specialty care transport shall be provided solely by a paramedic provider for interfacility transfers.

The document was read aloud for the record and the audience.

A motion was made by Commissioner Mackey to approve the non-rule policy statement. The motion was seconded by Commissioner Valentine. The motion passed.

Mr. Faril Ward, Vice Chairman of the EMS Association, spoke to the Commission and thanked them for their work on passing the non-rule policy. However the EMS Association would like to see other specialty care items added to the list and clarified. The Commission agreed. Mr. Ward agreed to ask the Association to help make a list and clarify other specialty care items.

IDHS staff submitted applications for potential TAC members to fill the vacancies on that committee.

A motion was made by Commissioner Mackey to direct staff to put together some information that would categorize the applicant's qualifications and locations also to include the current TAC

member's locations by the first of the year. The EMS Commission will have an executive session at 9am on January 18, 2012 (before the regular Commission meeting). The motion was seconded by Commissioner Hoggatt. The motion passed.

NEW BUSINES

Mrs. Fiato presented four applications for approval for AEMT bridge courses for:

Adams Memorial Hospital

St. Mary Medical Center

Elkhart General Hospital

Terre Haute Regional Hospital

A motion was made by Director Archer to accept St. Mary Medical Center's bridge course curriculum minus adult IO, CPAP, 3 lean EKG interpretation (with specific rhythms: sinus, sinus tachycardia, v-fib, v-tack, PEA and a-fib), manual defibrillation, and 12 lead acquisition and transmission. The motion was seconded by Commissioner Valentine. After some discussion Director Archer withdrew his motion and Commissioner Valentine withdrew is second.

After lengthy discussion a motion was made by Commissioner Zartman to approve Adams Memorial Hospital and St. Mary Medical Centers request for the AEMT bridge courses minus the additional skills. The motion was seconded by Commissioner Valentine. The motion passed.

A motion was made by Commissioner Zartman to table Elkhart General Hospital and Terre Haute Regional Hospital's requests. The Commission will request these training institutions to resubmit a course application to match the approved template minus the additional skills. The motion was seconded by Director Archer. The motion passed.

Mrs. Fiato presented a request from Adams Memorial Hospital to hold a hybrid paramedic course.

A motion was made by Commissioner Olinger approve the hybrid paramedic course as a pilot program and to be monitored by the TAC. The motion was seconded by Commissioner Lockard. The motion passed.

Chairman Turpen directed the TAC to create a template for hybrid courses from the EMR to the Paramedic level.

Mrs. Fiato presented an honorary EMT certification requested for Mr. Tom Nowaki.

A motion was made by Director Archer to grant the honorary certification. The motion was seconded by Commissioner Valentine. The motion passed.

Mrs. Fiato presented an honorary EMT certification requested for Mr. Tony Pagano.

A motion was made by Director Archer to grant the honorary certification. The motion was seconded by Commissioner Zartman. The motion passed.

Mrs. Fiato presented an honorary EMT certification requested for Ms. Jackie Carter.

A motion was made by Director Archer to grant the honorary certification. The motion was seconded by Commissioner Valentine. The motion passed.

Director Archer presented an honorary Paramedic certification for Ms. Mary Pat Horton.

A motion was made by Director Archer to grant the honorary certification. The motion was seconded by Commissioner Mackey. The motion passed.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen acknowledged his appointment as the new Chairman of the EMS Commission. Chairman Turpen made note of the changes that have taken place within EMS including the move towards more evidence based medicine and the issues that the Commission has been charged with dealing. Chairman Turpen expressed the desire to review some of the evidence based medicine literature so it can be made available to the EMS Community and providers.

Chairman Turpen announced that the governor's office would like the Commission to elect a vice-chairman since the seat is vacant at this time.

A motion was made by Commissioner Zartman to elect Commissioner Valentine as the vice-chairman of the EMS Commission. The motion was seconded by Commissioner Olinger. The motion passed.

Ms. Mara Snyder, legal counsel, presented the request from the attorney general's office for the EMS Commission to waiver their attorney client privilege in respect to the communications concerning the final adoption of LSA doc. #10-628.

A motion was made by Commissioner Valentine that the Commission waive its attorney client privilege for communications with the office of the attorney general concerning the final adoption of LSA DOC. #10-628. The motion was seconded by Commissioner Olinger. The motion passed.

Emery Garwick presented a request to renew Prompt Ambulances waiver to use an EMT as a driver on a neonatal specialty care unit.

A motion was made by Commissioner Olinger to approve the renewal of the waiver. The motion was seconded by Commissioner Zartman. The motion passed.

Chairman Turpen recognized Gary Miller's service to the EMS Commission.

Commissioner Lockard requested the Commission look at updating the run report that providers are using. The form is not a state form so the Commission does not regulate the form.

Commissioner Mackey made a motion to adjourn the meeting. Chairman Turpen adjourned the meeting. The meeting was adjourned at 1:53 p.m.

GENERAL INFORMATION

The next EMS Commission meeting will be held on January 18, 2013 at 10:00 am with an Executive session at 9 am.

Brownsburg Fire Territory

470 East Northfield Drive

Brownsburg, IN 46112

Approved _____

G. Lee Turpen II, Chairman

Attachment #1

Recommendations for Current Indiana EMS Curriculum Standards

The Indiana EMS Commission has adopted the National Education Standards as the current benchmark for Indiana EMS education. This standard curriculum is the template from which training institutions will teach responders and from which responders will draw their scope of practice. The purpose of this document is to:

1. Clarify the current scope of treatment skills for each responder level
2. Recommend the minimum initial training hours as set by the NHTSA National EMS Medical Services Education Standards
3. Recommend a template course outline from which IDHS certifications can approve AEMT courses.
4. Clarify the hospital and clinical experience requirements as recommended by the National EMS Medical Services Education Standards
5. Clarify the continuing education requirements for each level

Clarify the current scope of treatment skills for each responder level

The current scope of treatment skills is outlined on the Indiana EMS Commission Levels of EMS Personnel Certification document. This document is revised to reflect the changes in the curriculum and certification levels as set by the EMS Commission.

Recommend the minimum initial training hours as set by the National EMS Medical Services Education Standards

The minimum initial training hours are presented in the NHTSA National EMS Medical Services Education Standards. These ranges are guidelines from which providers should tailor their course schedules. It is the recommendation of IDHS EMS Certifications to approve courses that meet or exceed the minimum training hour's threshold pending that all other course parameters are met.

Recommend a template course outline from which IDHS certifications can approve AEMT courses.

Having received numerous course requests for the AEMT course, we found that there is no recommended schedule for didactic training for IDHS EMS Certifications to compare courses. After assessing the pilot courses, AEMT text books, and National Education Standards objectives, it is our recommendation that AEMT courses should resemble the Recommended/Template EMT Didactic Hours outline. Every AEMT course should meet the minimum 175 hour didactic/lecture portion, and each objective section should meet the minimum hourly requirements as outlined (Preparatory 18 hours, Pharmacology 10.5 hours, Patient Assessment 6 hours, Airway 5.5 hours, Shock and Resuscitation 6 hours, Medical 40.5 hours, Trauma 44 hours, Special Patient Populations 25.5 hours, and EMS Operations 19 hours.)

The sub categories are recommended hours and can be redistributed within each overall objective category by the Primary Instructor based upon the needs of students.

Clarify the hospital and clinical experience requirements as recommended by the National EMS Medical Services Education Standards

The hospital and clinical experience requirements are outlined in the NHTSA National EMS Medical Services Education Standards. These have been applied to the Indiana EMS Commission Levels of EMS Personnel Certification document in accordance with the EMS Commission adoption of the National Education Standards curricula, and they will be required in order for students to have successfully completed their courses.

Clarify the continuing education requirements for each level

The continuing education requirements for all levels have not been altered. With the addition of the AEMT and upon assessing the skill set of AEMTs, it is our recommendation to require AEMTs to have 54 hours of didactic CEUs and verification of skill competency based upon their scope of practice. Once approved, a new CEU verification form will be created for AEMT use.

Indiana Emergency Medical Services Commission
Levels of EMS Personnel Certification

Level of Certification Title	Minimum Initial Training Hours	Hospital and Clinical Experience	Scope of Treatment Skills	Required Continuing Education
Emergency Medical Responder	48 to 60 Classroom and Skills Hours	N/A	• Oral airway • BVM • Sellick's Maneuver • Head-tilt chin lift • Jaw thrust • Modified chin lift • Obstruction–manual • Oxygen therapy • Nasal cannula • Non-rebreather face mask • Upper airway suctioning • Manual BP • Unit dose auto-injectors for self or peer care (MARK I) • Manual cervical stabilization • Manual extremity stabilization • Eye irrigation • Direct pressure • Hemorrhage control • Emergency moves for endangered patients **Cardiac Care** • CPR • AED • Assisted normal delivery • ***Additional module on proper use of Cervical Collars*** • ***Additional module on proper use of Long Spine Board*** • ***Additional module on proper use of Pulse Ox/Carbon Monoxide monitoring*** • ***Additional modules assigned by the Indiana EMS Commission if required beyond the standard curriculum*** o These modules exceed the National Education Standards set by NHTSA	20 hours in 2 years
Emergency Medical Technician	**EMR PLUS** 150 to 190 hours Classroom and Skills Hours	~Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. **Students must perform 10 patient assessments.** These can be performed in an ED, ambulance, clinic, nursing home, doctor's office, or on standardized patients if clinical settings are not available. **~8 hours ambulance** **~8 hours hospital**	***All skills of EMR (above) plus:*** • Humidifiers • Partial rebreathers • Venturi mask • Manually Triggered Ventilator (MTV) • Automatic Transport Ventilator (ATV) • Oral and Nasal airways • Pulse oximetry • Manual and auto BP **Assisted Medications** • Assisting a patient in administering his/her own prescribed medications, including auto-injection **Technician of Medicine Administration** • -Buccal • -Oral **Administered Meds** • PHYSICIAN-approved over-the-counter medications (oral glucose, ASA for chest pain of suspected ischemic origin) **Trauma Care** • Spinal immobilization • Seated spinal immobilization • Long board • Extremity splinting • Traction splinting • Mechanical pt restraint • Tourniquet • MAST/PASG • Cervical collar • Rapid extrication **Cardiac Care** • Mechanical CPR • Assisted complicated delivery • ***Additional module on proper use of Pulse Ox/Carbon Monoxide monitoring*** • ***Additional module on Non-visualized Airways*** • ***Additional modules assigned by the Indiana EMS Commission if required beyond the standard curriculum*** o These modules exceed the National Education Standards set by NHTSA	40 hours didactic plus verification of skill competancy every 2 years

Indiana Emergency Medical Services Commission
Levels of EMS Personnel Certification

Advanced EMT	**EMT PLUS** 150-250 hours Classroom and Skills Hours	~Properly **administer medications to at least 15 live patients** ~Successfully **perform all steps and access venous circulation at least 25 times on live patients** of various age groups ~**Ventilate at least 20 live patients** of various age groups ~Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with **chest pain** ~Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with **respiratory distress** ~Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with **altered mental status** ~Demonstrate the ability to perform an adequate assessment on **pediatric, adult, and geriatric** patients	***All skills of EMT (above) plus:*** • Esophageal-Tracheal Multi-Lumen Airways • Blood glucose monitor • Peripheral IV insertion • IV fluid infusion • Pediatric IO **Technician of Medicine Administration** • Aerosolized • Subcutaneous • Intramuscular • Nebulized • Sublingual • Intranasal • IV push of D50 and narcotic antagonist only **Administered Meds** • SL Nitroglycerine for chest pain of suspected ischemic origin • SQ or IM epinephrine for anaphylaxis • glucagon and IV D50 for hypoglycemia • Inhaled beta agonist for dyspnea and wheezing • Narcotic antagonist • Nitrous oxide for pain relief • ***Additional module on proper use of Pulse Ox/Carbon Monoxide monitoring*** • ***Additional modules assigned by the Indiana EMS Commission if required beyond the standard curriculum*** o These modules exceed the National Education Standards set by NHTSA	54 hours didactic plus verification of skill competancy every 2 years
Paramedic	**AEMT PLUS TBD**	**TBD**	***All skills of AEMT (above) plus:*** • BiPAP/CPAP • Needle chest decompression • Chest tube monitoring • Percutaneous cricothyrotomy2 • ETCO2/Capnography • NG/OG tube • Nasal and oral Endotracheal intubation • Airway obstruction removal by direct laryngoscopy • PEEP • EKG interpretation • Interpretive 12 Lead • Blood chemistry analysis **Technician of Medicine Administration** • Endotracheal • IV (push and infusion) • NG • Rectal • IO • Topical • Accessing implanted central IV port **Administered Meds** • Physician-approved medications • Maintenance of blood administration • Thrombolytics initiation **Trauma Care** • Morgan lens **Cardiac Care** • Cardioversion • Carotid massage • Manual defibrillation • TC pacing • ***Additional modules assigned by the Indiana EMS Commission if required beyond the standard curriculum*** o These modules would exceed the National Education Standards set by NHTSA	72 hours didactic plus verification of skill competancy every 2 years

Recommended Template for AEMT Didactic Hours

Recommended/Template AEMT Didactic Hours		
AEMT Chapter	**Approximate Lecture Times**	
Section 1. Preparatory		18
1. EMS Systems	2	
2. Workforce Safety and Wellness	2	
3. Medical, Legal, and Ethical Issues	3	
4. Communications and Documentation	2	
5. The Human Body	6	
6. Life Span Development	3	
Section 2. Pharmacology		10.5
7. Principles of Pharmacology	5	
8. Vascular access and Medication administration	5.5	
Section 3: Patient Assessment		6
9. Patient Assessment	6	
Section 4. Airway		5.5
10. Airway Management	5.5	
Section 5. Shock and Resuscitation		6
11. Shock	3	
12. BLS Resuscitation	3	
Section 6. Medical		40.5
13. Medical Overview	3	
14. Respiratory Emergencies	5.5	
15. Cardiovascular Emergencies	5	
16. Neurologic Emergencies	5	
17. Gastrointestinal and Urologic Emergencies	4.5	
18. Endocrine and Hematologic Emergencies	4	
19. Immunologic Emergencies	3	
20. Toxicologic Emergencies	4	
21. Psychiatric Emergencies	3.5	
22. Gynecologic Emergencies	3	
Section 7. Trauma		44
23. Trauma Overview	4	
24. Bleeding	3.5	
25. Soft-Tissue Injuries	5	
26. Face and Neck Injuries	5	
27. Head and Spine Injuries	5.5	
28. Chest Injuries	4.5	
29. Abdominal and Genitourinary Injuries	3.5	
30. Orthopaedic Injuries	6.5	
31. Environmental Emergencies	6.5	
Section 8. Special Patient Populations		25.5
32. Obstetrics and Neonatal Care	6	
33. Pediatric Emergencies	9	
34. Geriatric Emergencies	6.5	

Recommended Template for AEMT Didactic Hours

35. Patients With Special Challenges	4	
Section 9. EMS Operations		19
36. Lifting and Moving Patients	4	
37. Transport Operations	4	
38. Vehicle Extrication and Special Rescue	3	
39. Incident Management	4	
40. Terrorism Response and Disaster Management	4	
Total	175	175
Indiana Added Curriculum		
41. Indiana Driving Laws	1	
42. Autism Awareness	4	
43. SIDS	2.5	
44. HazMat Awareness and Operation	8	
Total	15.5	

Attachment #2

EMS Commission Certification Report
September, 2012

Total Certifications		Issued Since Last Mtg		Issued Same Time -2011		Certified Individuals
EMS - EVOC	2893	EMS - EVOC	73	EMS - EVOC	61	
EMS - EVOC INSTR	74	EMS - EVOC INSTR	1	EMS - EVOC INSTR	9	
EMT - BA	1785	EMT - BA	62	EMT - ADVANCED	47	1785
EMT-BASIC	18654	EMT-BASIC	509	EMT-BASIC	520	12866
EMT-INTERMEDIATE	181	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	2	181
PARAMEDIC	3822	PARAMEDIC	71	PARAMEDIC	78	3822
EMT-PI	492	EMT-PI	4	EMT-PI	7	
EXTRICATION	1978	EXTRICATION	0	EXTRICATION	11	
FIRST RESPONDER	5708	FIRST RESPONDER	145	FIRST RESPONDER	140	5708
Totals	**35587**		**869**		**875**	**24362**

1st Qtr 2012	Count	2nd Qtr 2012	Count	3rd Qtr 2012	Count	4th Qtr 2012
EMS - EVOC	44	EMS - EVOC	13	EMS - EVOC		EMS - EVOC
EVOC INSTRUCTOR	5	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR		EVOC INSTRUCTOR
EMT - BA	43	EMT - BA	58	EMT -BA		EMT - BA
EMT-BASIC	574	EMT-BASIC	523	EMT-BASIC		EMT-BASIC
EMT-INTERMEDIATE	0	EMT-INTERMEDIATE	7	EMT-INTERMEDIATE		EMT-INTERMEDIATE
PARAMEDIC	119	PARAMEDIC	92	PARAMEDIC		PARAMEDIC
EMT-PI	11	EMT-PI	12	EMT-PI		EMT-PI
EXTRICATION	0	EXTRICATION	0	EXTRICATION		EXTRICATION
FIRST RESPONDER	158	FIRST RESPONDER	199	FIRST RESPONDER		FIRST RESPONDER
Totals	**954**		**904**		**0**	

1st Qtr 2011	Count	2nd Qtr 2011	Count	3rd Qtr 2011	Count	4th Qtr 2011
EMS - EVOC	120	EMS - EVOC	40	EMS - EVOC	127	EMS - EVOC
EVOC INSTRUCTOR	8	EVOC INSTRUCTOR	3	EVOC INSTRUCTOR	11	EVOC INSTRUCTOR
EMT - ADVANCED	50	EMT - ADVANCED	51	EMT - ADVANCED	56	EMT - ADVANCED
EMT-BASIC	652	EMT-BASIC	781	EMT-BASIC	516	EMT-BASIC
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE
PARAMEDIC	79	PARAMEDIC	135	PARAMEDIC	94	PARAMEDIC
EMT-PI	4	EMT-PI	2	EMT-PI	7	EMT-PI
EXTRICATION	0	EXTRICATION	0	EXTRICATION	30	EXTRICATION
FIRST RESPONDER	168	FIRST RESPONDER	250	FIRST RESPONDER	145	FIRST RESPONDER
Totals	**1085**		**1265**		**990**	

1st Qtr 2010		2nd Qtr 2010		3rd Qtr 2010		4th Qtr 2010
EMS - EVOC	124	EMS - EVOC	166	EMS - EVOC	240	EMS - EVOC
EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR
EMT - ADVANCED	41	EMT - ADVANCED	35	EMT - ADVANCED	51	EMT - ADVANCED
EMT-BASIC	801	EMT-BASIC	767	EMT-BASIC	841	EMT-BASIC
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	5	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE
PARAMEDIC	121	PARAMEDIC	123	PARAMEDIC	95	PARAMEDIC
EMT-PI	9	EMT-PI	15	EMT-PI	3	EMT-PI
EXTRICATION	20	EXTRICATION	10	EXTRICATION	12	EXTRICATION
FIRST RESPONDER	230	FIRST RESPONDER	274	FIRST RESPONDER	131	FIRST RESPONDER
Totals	**1351**		**1396**		**1377**	

1st Qtr 2009		2nd Qtr 2009		3rd Qtr 2009		4th Qtr 2009
EMS - EVOC	47	EMS - EVOC	163	EMS - EVOC	82	EMS - EVOC
EVOC INSTRUCTOR	4	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR
EMT - ADVANCED	74	EMT - ADVANCED	23	EMT - ADVANCED	70	EMT - ADVANCED
EMT-BASIC	738	EMT-BASIC	514	EMT-BASIC	856	EMT-BASIC
EMT-INTERMEDIATE	7	EMT-INTERMEDIATE	5	EMT-INTERMEDIATE	6	EMT-INTERMEDIATE
PARAMEDIC	135	PARAMEDIC	91	PARAMEDIC	93	PARAMEDIC
EMT-PI	14	EMT-PI	10	EMT-PI	15	EMT-PI
EXTRICATION	0	EXTRICATION	47	EXTRICATION	0	EXTRICATION
FIRST RESPONDER	178	FIRST RESPONDER	268	FIRST RESPONDER	239	FIRST RESPONDER
Totals	**1197**		**1121**		**1361**	

Certs Due for Re-N	10/1/2012	Expired 7/1/2012	
EMS - EVOC	110	EMS - EVOC	146
EVOC INSTRUCTOR	2	EVOC INSTRUCTOR	0
EMT - ADVANCED	131	EMT - ADVANCED	23
EMT-BASIC	1958	EMT-BASIC	673
EMT-INTERMEDIATE	13	EMT-INTERMEDIATE	1
PARAMEDIC	314	PARAMEDIC	37
EMT-PI	37	EMT-PI	1
EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	356	FIRST RESPONDER	340
Totals	**2921**		**1221**

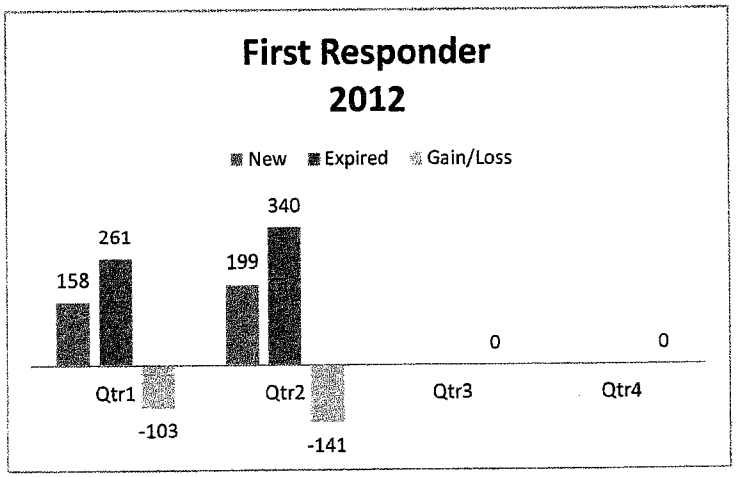
Number of People Failed to Recertify Last Quarter

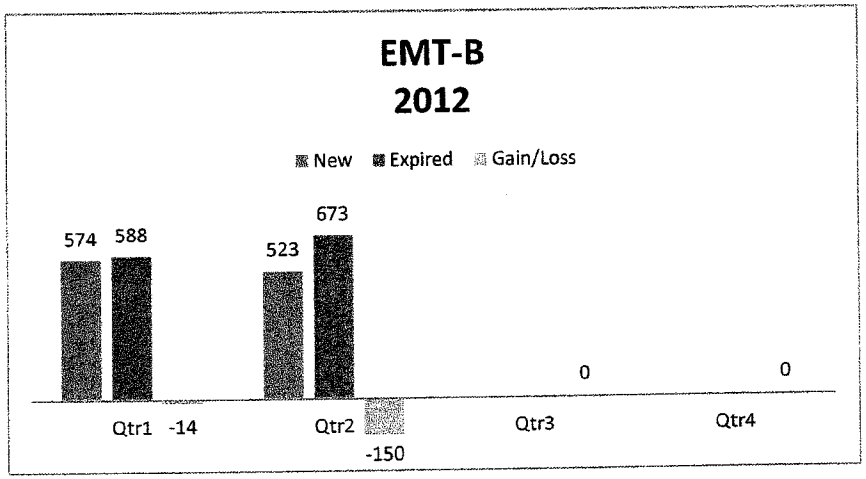
1013

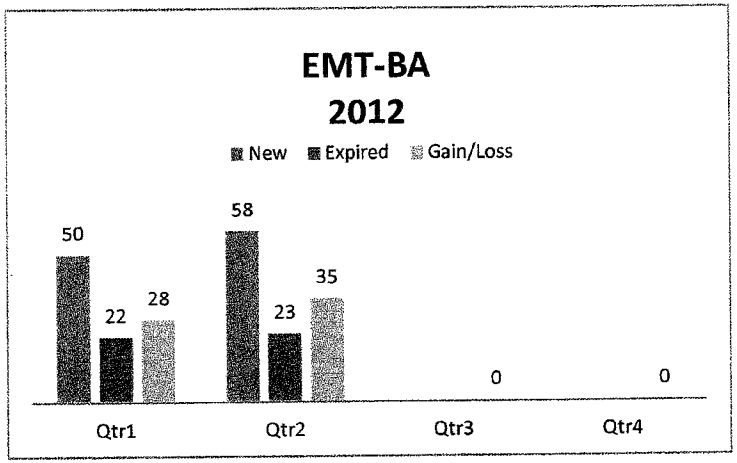
Number of New People Certified Last Quarter

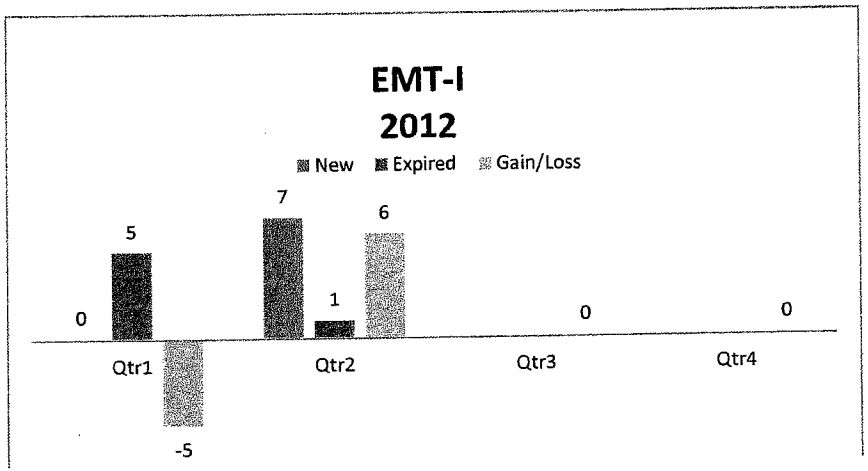
722

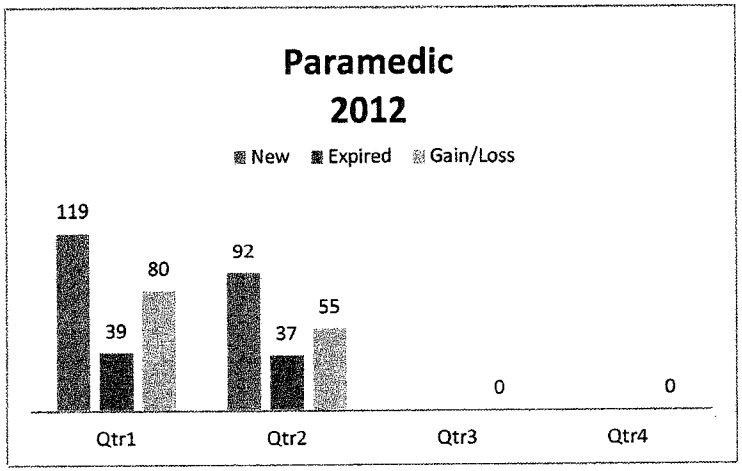
Net gain/Loss of: -291

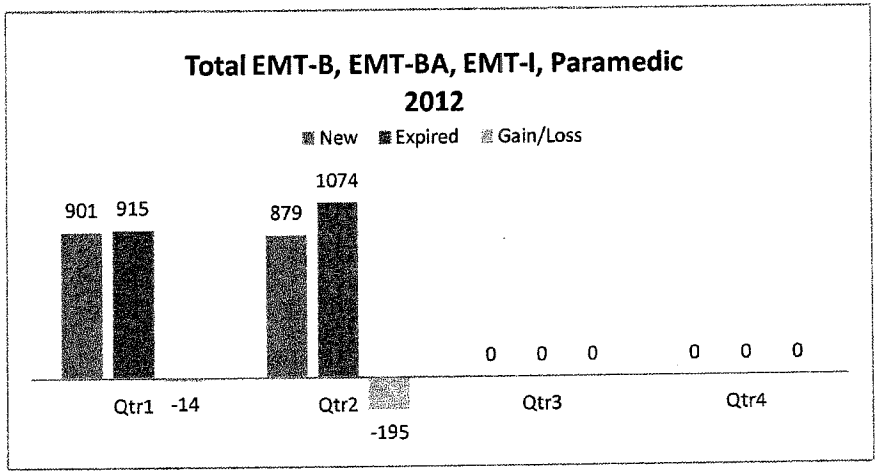

First Responder
2012
New
Expired
Gain/Loss
158
261
-103
199
340
-141
0
0
Qtr1
Qtr2
Qtr3
Qtr4


EMT-B
2012
New
Expired
Gain/Loss
574
588
-14
523
673
-150
0
0
Qtr1
Qtr2
Qtr3
Qtr4


EMT-BA
2012
New
Expired
Gain/Loss
50
22
28
58
23
35
0
0
Qtr1
Qtr2
Qtr3
Qtr4


EMT-I
2012
New
Expired
Gain/Loss
0
5
-5
7
1
6
0
0
Qtr1
Qtr2
Qtr3
Qtr4


Paramedic
2012
New
Expired
Gain/Loss
119
39
80
92
37
55
0
0
Qtr1
Qtr2
Qtr3
Qtr4


Total EMT-B, EMT-BA, EMT-I, Paramedic
2012
New
Expired
Gain/Loss
901
915
879
1074
0
0
0
0
0
0
Qtr1
-14
Qtr2
-195
Qtr3
Qtr4

Attachment #3

Emergency Medical Services
Provider Certification Report

Date : September 13, 2012 **September 21, 2012**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **September 21, 2012** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Provider Level	Counts
Rescue Squad Organization	10
Basic Life Support Non-Transport	496
Ambulance Service Provider	111
EMT Basic-Advanced Organization	36
EMT Basic-Advanced Organization non-transport	20
EMT Intermediate Organization	2
EMT Intermediate Organization non-transport	0
Paramedic Organization	191
Paramedic Organization non-transport	11
Rotorcraft Air Ambulance	16
Fixed Wing Air Ambulance	3
Total Count:	896

Attachment #4

EMS Sub-Committee for Data Collection Summary

The following notes were taken at the EMS Commission Sub-Committee Meeting that occurred at Decatur Twp. Fire Department on September 12, 2012.

Attendees: Michael Lockard, Chairman, Charles Valentine, Member, Rick Archer, Member. Dr. Olinger, Member was absent.

Staff in attendance: Candice Hilton, Gary Robison, Angie Biggs.

Other Attendees: Jennifer Knapp, Indiana Fire Chiefs Association; Art Logsdon, ISDH, Katie Gatz, ISHD, Derek Zollinger, ISDH.

Current Status of Reporting:

1. Total of 650 (sic) actually approx 850 including non-transport providers.

2. 190 Providers reporting on legacy system (many are BLS non-transport who are not required to report)

3. 14 are reporting on NEMSIS compliant system. All on the Fire House on line software. There are no vendors sending NEMSIS compliant files for import into Fire House.

4. Those reporting on the legacy system report in various ways. Most via emails, some of which are password protected requiring substantial staff time to open, download and import into Fire House.

5. Many are not reporting because IDHS does not have a secure FTP site available for depositing. Many believe sending unsecured email is violating HIPPA rules.

Goals for Data Collection System

1. Benefit for EMS Providers
    a. A valid, robust, interactive database of pertinent information will provide EMS organizations the ability to compare their system call volumes and response capabilities to other locations in the state and throughout the nation and identify areas of improvement or validate the system in place.

2. Benefit to the State
    a. A valid, robust, interactive database of pertinent information will assist the state in identifying areas of the state in need of support to develop a comprehensive EMS system.

3. Goals to achieve

a. Have 100% of transporting EMS organizations reporting to the Commission in the approved format by January 1, 2015.

b. Establish an interactive, on-line reporting tool for use by providers and other approved users to generate performance and comparison reports based on data submitted by Indiana EMS organizations.

Discussion Points

1. An Indiana-specific data element requires software vendors to write Indiana-specific extract programs over and above programs written to comply with NEMSIS data sets. This requires providers to spend money with their software vendors to create these extract programs. In some cases, the software vendor refuses to write them resulting in non-compliance to Indiana's reporting rule.

   Mr. Valentine made a motion to recommend to the EMS Commission to revise 836 IAC 1-1-5 (b) by removing the Indiana-specific data elements (which are to be provided to staff by Chairman Locakard).

   The motion was seconded by Mr. Archer and the motion passed unanimously.
2. Multiple certification levels for one provider results in confusion as to who should be reporting in what categories of providers.

3. State level funding – There are a myriad of programs and systems that can be accessed to enhance the data collection and reporting system. However, current funding is from a NHTSA grant that is diminishing and there is minimal funding available to take advantage of many of these programs.

4. Currently, processing EMS data submissions is a very labor-intensive, time consuming endeavor. A more automated system is needed.

Action Items

1. Communicate with providers to determine why they are not reporting to assist in determining what the state can do to achieve stated goals.

2. Write a statement of need and communicate that statement to the EMS community.

3. Begin a rule change to better align Commission mandated data elements to the NEMSIS data set. Such a rule change will eliminate a significant cost to Indiana EMS organizations that have to pay vendors to create an Indiana-specific extract program.
4. Determine if the EMS Commission can accept submissions minus Indiana-specific data established in IAC 836 1-1-5 (b) before a rule change is adopted.

5. FTP site is being established but have run into delays by IOT. It is hoped the FTP site is up and operational by the EMS Commission Meeting on the 21st.

Recommendations to the Commission

1. Request the EMS Commission to change 836 IAC 1-1-5 (b) to require data submission of the 85 minimum data elements of listed by NEMSIS v2.1 by January 1, 2015. Providers may submit additional NEMSIS-compliant data elements.

   Such a rule will have no fiscal impact. In fact, this rule change will reduce costs to providers by eliminating the need to pay software vendors for additional programming necessary to meet Indiana's specific requirements

2. Request staff to send a letter to each EMS provider organization by January 1, 2013 informing them of the requirement to submit data to the state, explaining the need for such data collection, and ask the providers what issues prevents them from complying with the rule. Data collected from this communication will be used by the Committee to identify further actions to improve reporting before January 1, 2015.

3. Consider denial of provider certification for non-compliance to data submission rule after January 1, 2015.

Attachment #5

Pre-course Logistical

Educational facilities/abilities

Training Institutions who wish to teach Advanced Emergency Medical Technician Courses should apply to the Commission for certification as an Advanced Life Support Training Institution. National Accreditation is not required to be an ALS Training Institution if teaching only AEMT courses. An ALS Training Institution, however, must be CAAHEP accredited, or have a CoAEMSP Letter of Review, for a Paramedic Course. This information is available at http://www.in.gov/dhs/3530.htm. All course application materials must be submitted to certcourseapps@dhs.in.gov within a minimum of 30 days prior to the beginning of the course. Recommended materials to be submitted can be found in the "Programmatic approval" section. The Training Institution that is sponsoring/supervising the course must have Clinical Affiliation agreements in place for hospital and field clinicals, as dictated by the course taught.

Student space

When determining class size, the classroom that will be used for didactic instruction should accommodate your students comfortably. Additionally, there will need to be room/alternate location for the practicing and testing of psychomotor skills. Reference the "Clinical Affiliates" portion on page ** as it pertains to student needs during the hospital and field clinical phases.

Instructional resources/abilities

Training must be conducted by a person certified at the AEMT level, or higher, and the course must be supervised by an Indiana Certified Primary Instructor.

Pre-course Planning

Select student population

EMT Basic Advanced to AEMT Bridge

All students wishing to take the EMT-BA to AEMT Bridge must currently be certified an EMT Basic Advanced, per EMS Commission directive. Students must maintain said EMS certification status throughout the course. Applicants for the AEMT Bridge course must meet the course entrance requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments, if required.

EMT seeking AEMT certification

EMTs wishing to take a full AEMT course for AEMT certification must meet the course entry requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments and/or testing, if required by said Training Institution. EMTs must also meet the entry requirements according to the State EMS rules located within the Indiana Administrative Code (IAC).

Storage space

Those wishing to teach either the AEMT Bridge or the full AEMT course must have a storage location for the equipment required for the course. Course required equipment includes audio-visual equipment as needed for classroom presentations, as well as EMS equipment required for students to successfully complete the skills in accordance to the curriculum being taught. Additionally, as outline in the IAC, EMS course records must be maintained by the Training Institution for seven (7) years.

Sponsorship and Affiliation Agreements

NREMT

For students taking the National Registry Advanced EMT written or psychomotor exam, the Training Institution must have an account approved by the National Registry. The Training Institution creates the account, said account must then be approved by the State EMS Director, and subsequently National Registry will approve the account. The National Registry psychomotor exams are scheduled on-line, via this account, with the National Registry. They can be contacted at (614)

888-4484 or www.nremt.org. This process applies to the bridge course students, as well as the full course students.

Once a student has created their account, the Program Director will need to "approve" the individual on the Program Director's NREMT account

Medical Director

Training Institution Medical Director support is key for any EMS course. As with other courses, the Medical Director will sign the Report of Training, prior to course Primary Instructor submission to the State EMS Office. Additionally, Medical Director approval is required to the protocols (off-line medical direction) that the certified AEMT will use. It is recommended that the course instructor incorporate local protocols into the didactic and laboratory portions of class, as the student will be functioning within the protocols in the clinical and field portions of class.

Clinical and Field Affiliates

When determining Clinical Affiliates, ensure that the service(s) can accommodate the number of anticipated students in the course, as well as the skills that the student's will need to perform to satisfy state requirements.

AEMT Bridge

The decision was made that AEMT Bridge students have satisfied any AEMT hospital clinical requirements, while they were completing the clinical phase for the EMT Basic Advanced Course. The Bridge student will be required to complete field clinical time, with a field affiliate of the Training Institution. The Training Institution may elect to utilize current field affiliation agreements for said course, or seek out new, additional field affiliates, depending on the needs of the students.

Full AEMT Course

Those attending a full AEMT course will have specific field and hospital clinical requirements, as outlined by the Training Institution. Training Institutions should have a formal affiliation agreement in place with all facilities that a student will be completing clinicals.

Course and Curricula design

Curricula design

Training Institutions should plan to teach AEMT students the EMS Commission approved AEMT curricula which is the National Education Standard curriculum plus:

- Proper use of Pulse Oximetry/Carbon Monoxide Monitoring
- Additional modules assigned by the EMS Commission if required beyond the standard curriculum which currently includes:
  - SIDS
  - Autism
  - WMD
  - Indiana Driving Laws

Training Institutions who wish to teach additional course content must have their Curriculum approved by the Commission by requesting a waiver from the EMS of Section 25 (b)(7) Emergency Rule LSA #12-3939(E) which requires the TI to teach the approved curricula.

The National Education Standards (NES) are available at for reference at http://www.ems.gov/EducationStandards.htm. These standards are the minimum required education components. Further details can be viewed within the Instructional Guidelines, which are available at the same address.

It is important for the Training Institution to perform a portfolio assessment of the personnel that they will be educating to determine additional information that they may wish to include in the program. Within the Indiana Administrative Code, and AEMT may not perform skills outside of their scope, or skills that they have not been educated on and demonstrated competency. If a Provider Organization, Training Institution, or community would be in need of additional skills beyond the NES, a waiver request from the EMS Commission would be required. Said waiver would be conditional upon education, need, and Commission views. It is important to consider the potential additional needs in this planning stage, so that the curricula addresses the needs of the students, Provider Organizations, Training Institution, and community.

An example would be the use of the Morgan lens. Use of the Morgan lens is a Paramedic skill, according to the NES. In an AEMT Bridge course taught for US Steel EMS personnel, this skill was added to the AEMT curricula, as there is a high demand for this skill in the industrialized setting. Students learn the skill through didactic presentation, and then

must demonstrate competency in the affective and psychomotor domains. The guideline for said competency was derived from the objective listed in the Paramedic NES and Paramedic Instructional Guidelines. The Service Provider Organization will apply for a waiver for the EMS Commission, once personnel have become certified at the AEMT level, and they can easily produce documentation that their personnel have been trained and demonstrated competency on use of the Morgan lens during their AEMT course instruction.

It is key to stress that additions to the minimum NES standards for AEMT do not automatically carry over to scope of practice and field implementation. Should Provider Organizations wish to utilize additional skills taught in the classroom, but that fall outside of the current adopted scope of the AEMT, said Provider Organization is required to file a waiver request from the EMS Commission.

It is recommended that each Training Institution teaching an AEMT Bridge or full AEMT course, complete a gap analysis to guide curricula development and course planning. This analysis should address the current knowledge and skill level of the student versus the minimum NES for AEMT. The discrepancies should be addressed in detail in the course. It is recommended that the areas in which there is "no change" be addressed in review format.

Select text (s)

An Advanced Emergency Medical Technician textbook should be utilized for this course. As each author and publisher presents material in a slightly different fashion, the Training Institution and/or Primary Instructor should select the text that would best suit student needs. A companion workbook is often used in conjunction with the textbook to assist in reinforcing material. Additional textbooks may be utilized as well (Pathophysiology, pharmacology, etc), but are not required.

Grading Format-

Didactic Cognitive Evaluation- The Training Institution and/or Primary Instructor must determine the weight of individual grades for the course, as well as minimum passing grades for course completion. An example would be the following:

Homework/classwork	15%
Quizzes	25%
Exams	60%

"Passing" grades must be determined prior to the beginning of the course. Each Training Institution may have slightly different standards, as needs vary based on community and

organization. A student should demonstrate competence on each written exam. One Training Institution may determine competency is a 60% or higher, where another will say 70% or higher. Should a student not demonstrate competence (i.e. fail the exam), a written remediation plan should be in place.

It needs to be determined whether a student must maintain a cumulative average above a certain point throughout the course (e.g. minimum 80% throughout course or student is placed on probation or dismissed), or they must have a minimum score by the end of the course to have "passed." Again, these decisions are to be made by the Training Institution in the course planning stage, and followed throughout the course.

Didactic Affective Evaluation-

Evaluating the affective domain is becoming increasing popular, as well as increasingly required. The NES addressed the affective domain for all EMS educational levels. Evaluating the affective domain is required by CoAEMSP, and the National Registry has incorporated affective evaluation into the psychomotor examination at all EMS provider levels.

The affective domain can be evaluated in the didactic setting in the form of a daily grade as it relates to the student's timeliness, preparedness, and behavior. The Training Institution determines if this is a simple pass/fail, or a point system towards pass or fail. This evaluation procedure should be documented, just as in the cognitive format.

Didactic Psychomotor Evaluation-

Evaluating the psychomotor domain is usually done in a skills or laboratory format. Within the classroom setting, there should be designated time for psychomotor practice and testing. The Training Institution determines which skills the students must demonstrate competency in, and then determine the evaluation criteria for pass or fail. Minimally, the student should demonstrate competency in all minimum required skills, according to the NES. National Registry skill sheets can be used as the evaluation tool in the classroom setting, or the Training Institution may wish to design their own form, consistent with the NES course objectives.

Clinical Evaluation

Training Institutions should have hospital and field clinical evaluation forms for the student's preceptor to complete. This evaluation form should address the cognitive, affective, and psychomotor aspect of the clinical. Training Institutions may elect to utilize on-line clinical evaluations services (such as FISDAP), in conjunction with, or in place of, paper documentation.

Minimum Course components AEMT Bridge

Didactic

Course length is to be a minimum of 92 hours, didactic and skill laboratory combined. Training Institution may elect to extend the course, based upon their gap analysis and needs of EMS personnel attending the course. All of the minimum NES educational standards for the AEMT are to be addressed during the duration of the course.

Clinical

AEMT Bridge students may be determined to have met the NES clinical requirements during their EMT Basic Advanced program. This determination is to be made by the Training Institution while performing the gap analysis.

AEMT Bridge students do not have a minimum number of hours to complete for the field clinical phase. The completion requirements are 10 ALS patient contacts, and the utilization of one new skill in the AEMT scope according to the NES.

Minimum Course components full AEMT course

Didactic

According to the NES, the AEMT course is competency based, not hour based. Course length is estimated between 150 and 250 clock hours beyond EMT (didactic, laboratory, and clinical hours).

Clinical

According to the NES for AEMT, the student must minimally complete the following:

- 15 medication administrations on live patient
- 25 successful IV starts on live patients of various ages
- 20 successful ventilations on live, non-intubated patients of various ages
- Perform adequate assessment and formulate and implement a treatment plan for patients with chest pain
- Perform adequate assessment and formulate and implement a treatment plan for patients with respiratory distress
- Perform adequate assessment and formulate and implement a treatment plan for patients with altered mental status
- Demonstrate the ability to perform an adequate assessment on pediatric, adult, and geriatric patients
- Students must document team leadership in a program approved by the medical director and program director

Training Institutions may wish to assign minimum hours to be completed in a specific department, in addition to the above requirements. For the criteria that are not numerically defined, a number will be determined by the Training Institution, as it relates to the needs of the community in which the AEMT will service upon certification. Training Institutions may also elect to add additional hospital or clinical specific requirements if they so choose or determine necessary.

Course Assembly

Once all of the above aspects have been reviewed and determined, the Training Institution and/or Primary Instructor will utilize this data to determine the didactic course schedule, order of material presentation, hospital and field clinical requirements, and integration of the clinical aspect into the program.

Course Approval

Upon completion of course assembly the Training Institution or Primary Instructor will submit the completed Indiana Course Application to the designated person in the State EMS Office. Additional items required to be submitted with the course application include the following:

- Course schedule with dates, times, location, instructors, and material to be taught each day
- Testing and skills practice times identified on course schedule
- Course textbook(s)
- Statement listing clinical affiliation sites
- Clinical hours, as required, by department (Field, Emergency Department, etc)
- Statement regarding ownership and storage of equipment used for class

At no time should any course begin without having received prior approval from either the State EMS Office, or the EMS Commission.

Pre-Course Preparations

Prepare Instructional Staff

Didactic and laboratory

As referenced in the ***"Instructional resources/abilities"*** portion, the course must be supervised by a Primary Instructor, and the training must take place by persons certified or licensed at the AEMT level or higher.

Instructors for the didactic portions are to be familiar and comfortable with material being taught. Certain aspects of the AEMT course (Bridge or full) will be new for students (i.e. acid-base balance, autonomic pharmacology, etc). For optimal student success, care will be taken in selecting instructors for classes in the course, as available resources allow.

Care should be taken in the laboratory setting as well. Where Bridge students will already have IV skills, several new medication administration techniques need to be taught, demonstrated, practiced, and then evaluated for all AEMT students. Ensure there are an adequate amount of instructors for lab sessions, based on student learning needs and student population. Instructors should be proficient with classroom equipment prior to in-class instruction, demonstration, or practice.

Preceptor training program

Field Clinical

Both AEMT Bridge and AEMT full course students will be required to perform field clinicals, and will be in need of field preceptors. At a minimum, the field preceptor must be certified as an Indiana AEMT or higher; the Training Institution may impose additional requirement to be a field preceptor. Some Training Institutions require a preceptor to complete a preceptor application, submit a letter of intent, submit a letter of recommendation, and attend a preceptor training course. The Training Institution and/or Clinical Field Affiliate determines depth and breadth of material to be covered in said program. An example of a more thorough program may be found in the appendices. Any AEMT field preceptor must be familiar with the AEMT scope of practice, and the AEMT protocol that will be utilized during such time.

Hospital Clinical

The Training Institution must determine which areas of the hospital setting will be most advantageous for the student to meet the minimum clinical components. Once determined, the Training Institution should implement correlating hours and locations for clinicals.

Hospital clinical staff will need to be oriented to the AEMT scope of practice, along with the course completion requirements, to assist the student in successful completion of this portion of the course.

Prepare course materials and resources

Lesson plans

Lesson plans can be very beneficial for class-to-class organization and presentation. Where the NES outline the overall course objectives, the AEMT Instructional Guidelines provide specific, detailed information on the material that the instructor should teach, and that the student should learn. Training Institutions may elect to use prepared lesson plans from their textbook publisher, create their own lesson plan, or utilize a hybrid of both plans. The extent in which the lesson plans will be utilized should be determined by the Training Institution based upon prior educational experience.

In-class materials

As with any EMS course, a number of in-class materials are required for the students (handouts, homework, classwork, quizzes, exams, etc). With any new course being taught, creation of these materials results in many additional hours for the instructor. It is recommended in preparations for the course, that it be decided when homework, classwork, quizzes, and exams will be given. From this schedule, the instructor can then plan time for creation of such materials. Many of the textbooks for this course have supplemental on-line materials that provided quizzes and assignments as well.

Conduct Course

Courses are to be conducted following your Training Institutions policy and procedures, as well as those of the State of Indiana as well. The Primary Instructor is responsible to notify the State EMS Office of any changes to course schedule, course start date, or course completion date. State paperwork is expected to be completed in compliance with existing procedures regarding course roster, practical request form (if applicable), and Report of Training.

Students are expected to follow the prescribed guidelines of the Training Institution, and course instructors are expected to follow their prescribed guidelines as well.

Scheduling National Registry Psychomotor Exam

To schedule an exam, the Training Institution must have an approved account, as outline in ***Sponsorship and Affiliation Agreements***. The Program Director is to request the exam no

later than 30 days prior to the exam date. If you have previously arranged with a National Registry Exam Representative to supervise your exam, you will be able to enter that data. If you have not made arrangements for a National Registry Representative, one will be assigned to you by the National Registry.

Preparing for the National Registry Psychomotor Exam

Within the National Registry Exam Coordinators Manual, available at https://www.nremt.org/nremt/about/exam_coord_man.asp, is information regarding student test procedures, anticipated time frames to assist in planning, as well as materials list for each station. The instructor that will serve as the Exam Coordinator should find all necessary information within this document, including the number of needed "patients", evaluators, etc.

When planning for the exam, it is possible to have two stations in one room (i.e. IV therapy and IV bolus). The testing candidate would complete one station, and then begin the second station, after the examiner has read the instructions. Combining stations is sometimes necessary due to shortage of room or evaluators.

Prior to the exam, all candidates that will be testing need to have created their National Registry account. This can be done from the home page at https://www.nremt.org by selecting the link "Create New Account."

Conducting National Registry Psychomotor Exam

Prior to the exam, the Exam Coordinator should contact the National Registry Examination Representative to confirm the number of students testing, number of stations, and start time for the exam.

Testing candidates should be instructed to arrive early, to bring a legal form of identification to the test site, and to have their course number for paperwork purposes.

On the day of the exam, all stations are to be clearly labeled and contain the materials outlined in the National Registry Exam Coordinators Manual. The National Registry Exam Representative will notify the Exam Coordinator of any deficiencies or needs that would need to be corrected.

Indiana Advanced EMT Certification

Once the student has successfully passed the National Registry Psychomotor and Written Exams, said student will receive their National Registry Advanced Emergency Medical Technician certification in the mail. Included with their new certification will be an application form that the individual will need to complete. Once the document is completed with appropriate information and signatures, the individual seeking Indiana certification must submit the completed document to the State EMS Office at:

Indiana Department of Homeland Security
EMS Certifications, E239, IGC-S
302 W. Washington Street
Indianapolis, IN 46204-2739

Certification will be processed and issued, so long as the applicant meets current state requirements.

Appendix A- Sample form for Hospital Departments

On your Training Institute letterhead, the various departments within the hospital should be advised of the following:

- Total number of students
- Student clinical schedule for that department
- Detailed scope of practice for the students addressing both skills and medications that may be administered
- Program Director/Clinical Coordinator contact information

Appendix B- Sample Field Preceptor Training Program

Appendix C- Sample Clinical Evaluation Form

Appendix D- Sample Program Evaluation From

Appendix E- Sample Instructor/Preceptor Evaluation Form

Technical Advisory Committee
Recommendation summary in response to EMSC Program proposal
August 14, 2012

I. Recommendations for Pediatric Equipment:

In April 2009, the American College of Surgeons Committee on Trauma, The American College of Emergency Physicians, The National Association of EMS Physicians, the American Academy of Pediatrics and the Federal Emergency Medical Services for Children Program developed and revised a list of recommended pediatric equipment for ALS and BLS providers to ensure that optimal care could be provided to an ill or injured child. [i] (See Attachment.)

Indiana regulations do not require many of the items detailed in these national guidelines. Several of these items are critical to optimal pediatric patient care. Specifically, State regulations do not require the following equipment for ALS providers:

1) Magill Forceps
2) Length Based Resuscitation Tape
3) Pediatric Pulse Oximetry Capability

It is the recommendation of the Technical Advisory Committee that these items be added to the current list of required equipment for ALS providers. Support for these recommendations as well as financial impact information are provided below.

Magill Forceps

Choking injuries in small children may result in devastating neurologic injury or death if not resolved swiftly. Basic resuscitation skills, utilizing fundamental CPR skills *may* be sufficient; however, this is not always the case. Magill forceps offer providers a tool, which when combined with direct laryngoscopy allows them to directly visualize and remove the object. This is life saving, essential equipment. According to the data offered by the Indiana EMSC program 2010 needs assessment, 92% of ALS providers in Indiana report carrying this equipment. Magill forceps cost approximately $4.99/each. ISDH reports that there are currently 1,880 transport vehicles listed under ALS providers. (This number includes incompletely stocked reserve vehicles as well as vehicles that may only be run as BLS units.) Total cost of equipping all vehicles (an additional 150) would be $748.50.

Length Based Resuscitation Tapes

Pediatric medication dosing and equipment is based on weight. Length Based Resuscitation Tapes (LBT), such as the Broselow Tape permit providers to make accurate weight estimates quickly and reliably. In addition, these tapes provide rapid access to medication doses and equipment sizes eradicating the need for medication calculations of formulas. This is especially important in high stress situations. Evidence has consistently shown that Length Based Resuscitation tapes provide reliable weight estimations. Though concern has been raised recently regarding underestimation with increasing pediatric obesity these tools continue to perform well overall and, outside of parental weight

estimation, are the most reliable tools available. In a study published in the Journal of Emergency Medicine, 55% of paramedics surveyed reported discomfort with pediatric weight estimation. Data revealed paramedics were more precise and improved their accuracy of pediatric weight estimation with the use of a Broselow length based resuscitation tape (Vilke, 2001.) A more recent study demonstrated that "paramedic Broselow weight correlates well with scale weight and ED Broselow weight."(Heyming, 2012.) Further, in studies looking at equipment sizing, the Broselow tape has provided a better estimation for ETT sizing than age based formulas. (Meguerdichian, 2012.) Other studies have demonstrated decreased dosing errors with the use of LBT (Shah, 2003.) Finally, length based resuscitation tapes are endorsed by the American Heart Association PALS guidelines when a child's weight is unknown. The 2010 Indiana EMSC Statewide EMS needs assessment revealed that LBTs were available to 96% of ALS providers. Cost of a single Broselow tape is approximately $25.00. Total cost of equipping all vehicles (an additional 75) would be $1875.00.

Pediatric Pulse Oximetry

Pediatric patients account for approximately 10% of EMS calls nationally. Among these calls respiratory emergencies are common whether as the primary ailment or as a complication of seizure, trauma etc. Oximetry is considered standard of care in the hospital setting and can provide critical information to paramedics about both the severity of the child's respiratory compromise and about the efficacy of the provider's intervention. Studies have demonstrated that pediatric pulse oximetry can reveal hypoxemia before signs and symptoms (such as bradycardia) are apparent. (Cote, 1988.) Additional studies have shown accuracy of pulse oximetry in the prehospital setting during long transports and in the setting of poor perfusion. (Lieberman, 1998.) Only 80% of ALS providers in Indiana reported pediatric pulse oximetry capability. Pediatric pulse oximetry costs vary widely depending on the type of equipment selected. However, individual monitors that have been demonstrated to be effective may cost as little as $55 per unit. Total cost of equipping all vehicles (an additional 376) would be $20,680. The Indiana EMSC program has endorsed this but understands the impact of this cost to agencies and has already been working to pair charitable organizations with agencies to fund purchase of this life saving equipment and allay the financial impact of this change.

These changes would affect the following regulation:

836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment

Suggested changes are in red and underlined.

836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements

to be inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored.

The vehicle shall carry the following assembled and readily accessible minimum equipment:

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following:

(i) wide-bore tubings;

(ii) rigid catheters;

(iii) soft pharyngeal suction tips in child size; and

(iv) soft pharyngeal suction tips in adult size.

(B) Endotracheal intubation devices, including the following:

(i) Laryngoscope with extra batteries and bulbs.

(ii) Laryngoscope blades (adult and pediatric, curved and straight).

(iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(iv) Magill forceps (pediatric)

(C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:

(i) Adult.

(ii) Child.

(iii) Infant.

(iv) Neonatal (mask only).

(D) Oropharyngeal airways, two (2) each of adult, child, and infant.

(E) One (1) pocket mask with one-way valve.

(F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

(i) yoke;

(ii) medical regulator;

(iii) pressure gauge; and

(iv) nondependent flowmeter.

(G) Oxygen delivery devices shall include the following:

(i) High concentration devices, two (2) each, adult, child, and infant.

(ii) Low concentration devices, two (2) each, adult.

(H) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

(i) Small (20-24 french).

(ii) Medium (26-30 french).

(iii) Large (31 french or greater).

(I) Bulb syringe individually packaged in addition to obstetrics kit.

(J) Nonvisualized airway minimum of two (2) with water soluble lubricant.

(K) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for adult and pediatric defibrillation.

(2) Wound care supplies as follows:

(A) Airtight dressings, four (4), for open chest wounds.

(B) Assorted bandaging supplies for the care of soft tissue injuries.

(3) Patient stabilization equipment as follows:

(A) Upper and lower extremity splinting devices, two (2) each.

(B) Rigid extrication collar, two (2) each capable of the following sizes:

(i) Pediatric.

(ii) Small.

(4) Oximetry

(A) Pulse oximetry unit capable of measuring pediatric pulse oximetry

(5) Length based pediatric resuscitation tape

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[i] Though this list is currently undergoing revision, it is not anticipated that any of the items discussed will be removed from the list.